

Highland Park Community Center
Saint Paul Department of Parks and Recreation
Recreation for Preschoolers Program

Coordinators: Keeley Hanson & Barb Biagi

Registration Check Off

Child's name_____

_____ \$35.00 Non-Refundable Registration Fee

_____ Registration Form

_____ Fee Contract Form

_____ Emergency Information Form

_____ Medication Permission Form

_____ Parent Handbook

**Saint Paul Department of Parks and Recreation
Highland Park Community Center - Recreation for Preschoolers Program**

REGISTRATION FORM

Child's Name _____ Nickname _____

Address _____ City _____ State _____ Zip _____

Age _____ Birth Date _____ * _____ * _____ Female _____ Male _____

Child resides with: _____ both parents _____ mother _____ father
_____ Stepfather _____ stepmother _____ guardian

Mother - Guardian's Name _____

Stepfather's Name _____

Address _____ City _____ Zip _____

Home phone () _____ Cell () _____

E-mail _____

Business phone () _____ Business Name _____

Business Address _____ City _____ Zip _____

Father - Guardian's Name _____

Stepmother's Name _____

Address _____ City _____ Zip _____

Home phone () _____ Cell () _____

E-mail _____

Business phone () _____ Business Name _____

Business Address _____ City _____ Zip _____

Persons authorized to pick your child up from Highland Park Community Center.

Photo identification may be requested by staff prior to releasing your child.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

List any condition present that might result in an emergency and correct plan of action:

List any special needs of your child (allergies, special diet, etc.):

Language, other than English, your child speaks or understands:

Special interests or favorite activities of your child:

Particular behavior difficulties or potential problems we should be aware of:

Any additional information that would be helpful:

List the names and ages of brothers, sisters, stepbrothers and stepsisters:

In relation to your child, what are your expectations of Recreation for Preschoolers:

Signature_____

Date _____

Saint Paul Department of Parks and Recreation
Highland Park Community Center-Recreation for Preschoolers Program
Fee Contract

Child's Name _____

Recreation for Preschoolers is a non-profit program which operates on the fees paid by the parent(s) of enrolled children. Therefore, it is essential that your tuition payment be paid by the 7th of each month except for September (tuition is due on the 20th). Any payments paid after the 7th will be charged a \$10.00 late fee. This fee is to be paid separately from the tuition.

Month	Total Payment Busy Bees - \$130.00 a month Muddy Ducks - \$150.00 a month
September 2015	
October 2015	
November 2015	
December 2015	
January 2016	
February 2016	
March 2016	
April 2016	
May 2016	

***Credit/debit cards are the preferred payment method by the City of Saint Paul.**

AGREEMENT: I have read the Recreation for Preschoolers fee payment policies and I agree to pay the monthly tuition. I also understand that the tuition is due in full for all of the above months regardless of vacations or illnesses.

Signature _____

Date _____

Saint Paul Department of Parks and Recreation
Highland Park Community Center -Recreation for Preschoolers
Emergency Information Form

Child's Name _____

Address _____ City _____ Zip _____

Home phone () _____ Birth Date _____ * _____ *

Mothers Name _____

Business phone () _____

Father's Name _____

Business phone () _____

Parent - Guardian to contact in case of an emergency: _____

If my child becomes ill, and I cannot be reached, please call:

1. Name _____ Phone () _____

Address _____ Relationship _____

2. Name _____ Phone () _____

Address _____ Relationship _____

3. Name _____ Phone () _____

Address _____ Relationship _____

Name of Doctor and Clinic _____

Address _____ Phone () _____

Medical Insurance Company and Policy Number for your child:

Preferred Hospital - Emergency

Room _____

Signature _____

Date _____

Saint Paul Department of Parks and Recreation
Highland Park Community Center -Recreation for Preschoolers Program

St. Paul Department of Parks and Recreation Medication Authorization for Administration
(Short-term Programs)

The following authorization form must be completed by Parent/Guardian for all short-term programs offered by the St. Paul Department of Parks and Recreation in which medication may need to be administered during the time of activity. This includes field trips, day camp programs, overnight trips, etc.

Name of Participant _____ Birth date _____

Program enrolled in _____ Dates of Program _____

Name of Physician/Licensed Prescriber _____

Clinic Address _____ Clinic Phone _____

Medical Condition	Medication	Strength	Dose	Time	Route*	Possible Side Effects

Medications include all prescription as well as non-prescription/over-the-counter medications

Other Considerations/Directions _____

Start Date _____ Stop Date _____ *Route = Oral, topical, or inhaled

Parent/Guardian Authorization

1. I request that the above medications(s) be given during program hours as ordered by the participant's physician/licensed prescriber.
2. I release St. Paul Parks and Recreation personnel from liability in the event adverse reactions result from the above-named participant taking their medication(s).
3. I give permission for the Program Coordinator to consult with the above named physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
4. I give permission for the medication(s) to be given by the staff designated by St. Paul Parks and Recreation for medication and health related concerns during the length of this program.
5. I will notify St. Paul Park and Recreation staff of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)

Parent/Guardian Signature _____ Relationship to Participant _____

Note: Medication is to be supplied in the original/prescription bottle. Non-prescription/Over-the-Counter Medication must be sent in the original container which has an identifiable label.

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